Case 3:18-bk-33595 Doc 83 Filed 03/24/21 Entered 03/24/21 19:41:38 Desc Main Document Page 1 of 4

| Fill | in this information to | identify your ca | ase: | | | | 1 | | | | |
|--------------------|---|------------------------------|--|--|------------------------|---------------|--------------------------|-------------------|--------------------------|-----------------------------------|-----------------|
| Del | btor 1 | Elmer R. Ma | rchbanks, Jr. | | | | | | | | |
| 1 - | btor 2 buse, if filing) | | | | | _ | | | | | |
| Uni | ited States Bankrupto | cy Court for the: | SOUTHERN DISTRIC | T OF OHIO | | | | | | | |
| (If ki | nown) | -bk-33595 | | | | | ☐ An | | ed filing ent showin | ng postpetition ollowing date: | |
| | fficial Form | | | | | | MN | M / DD/ Y | YYY | | |
| | chedule I: Y | | ome ible. If two married peo | | | | | | | | 12/1 |
| sup spo atta | plying correct infor use. If you are sepa ch a separate sheet | mation. If you rated and you | are married and not filir r spouse is not filing wi On the top of any addition | ng jointly, and your th you, do not inclu | spouse i ude inforr | s liv nati | ing with y on about y | ou, incluyour spo | ude infori ouse. If m | mation about ore space is | your needed, |
| 1. | Fill in your emploinformation. | yment | | Debtor 1 | | | | Debtor 2 | or non-f | iling spouse | |
| | If you have more th | | Employment status | ☐ Employed | | | | ☐ Emplo | oyed | | |
| | attach a separate prinformation about a | 0 | Employment status | ■ Not employed | | | | ☐ Not e | mployed | | |
| | employers. | | Occupation | | | | | | | | |
| | Include part-time, s self-employed work | | Employer's name | | | | | | | | |
| | Occupation may in or homemaker, if it | | Employer's address | | | | | | | | |
| | | | How long employed th | nere? | | | | _ | | | |
| Pai | rt 2: Give Deta | ails About Mon | thly Income | | | | | | | | |
| | mate monthly incoruse unless you are se | | ate you file this form. If y | you have nothing to | report for | any | line, write | \$0 in the | space. In | clude your noi | n-filing |
| • | ou or your non-filing s e space, attach a sep | | re than one employer, co | mbine the information | on for all e | emple | oyers for th | nat perso | n on the li | ines below. If | you need |
| | | | | | | | For Debt | tor 1 | | btor 2 or ing spouse | |
| 2. | | | ry, and commissions (becalculate what the monthly | | 2. | \$ | | 0.00 | \$ | N/A | |
| 3. | Estimate and list | monthly overti | me pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Ir | ncome. Add lin | e 2 + line 3. | | 4. | \$ | | 0.00 | \$ | N/A | |

| Deb | tor 1 | Elmer R. Marchbanks, Jr. | _ | Case | number (<i>if known</i>) | 3:18 | -bk-33595 | |
|-----|------------|---|-------------|-----------|----------------------------|----------|-----------------|------------------|
| | | | | For | Debtor 1 | For | Debtor 2 or | |
| | Com | wline 4 hore | 4 | \$ | 0.00 | | -filing spous | |
| | Copy | y line 4 here | 4. | Ъ | 0.00 | . \$ | N/ | <u>/A</u> |
| 5. | List | all payroll deductions: | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.00 | \$ | N. | /A |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | N. | /A |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | . \$_ | | <u>/A</u> |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | . \$_ | | <u>/A</u> |
| | 5e. 5f. | Insurance Domestic support obligations | 5e. 5f. | \$ \$ | 0.00 | · | | <u>/A</u> /A |
| | 5g. | Union dues | 5g. | \$ | 0.00 | · \$_ | | <u>/A</u> /A |
| | 5h. | Other deductions. Specify: | 5h.+ | · | 0.00 | — | | /A |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | — 6. | \$ | 0.00 | * | | /A |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$ \$ | | /A |
| 8. | | all other income regularly received: | | · — | 0.00 | · · · | | , <u>,,,,</u> |
| 0. | 8a. | Net income from rental property and from operating a business, | | | | | | |
| | | profession, or farm | | | | | | |
| | | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | |
| | | monthly net income. | 8a. | \$ | 0.00 | \$ | N. | /A |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ | N | /A |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent | ! | | | | | |
| | | regularly receive Include alimony, spousal support, child support, maintenance, divorce | | | | | | |
| | | settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | N. | /A |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | | /A |
| | 8e. | Social Security | 8e. | \$ | 1,554.00 | . \$_ | N/ | <u>/A</u> |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance | 2 | | | | | |
| | | that you receive, such as food stamps (benefits under the Supplemental | | | | | | |
| | | Nutrition Assistance Program) or housing subsidies. | 01 | • | | Φ. | | |
| | 9.0 | Specify: Pension or retirement income | 8f. | \$_ \$ | 0.00 | . \$ | | <u>/A</u> /A |
| | 8g. 8h. | Other monthly income. Specify: | 8g. 8h.+ | * | 1,300.00 0.00 | · :— | | / <u>A</u> /A |
| | | | _ | | 0.00 | | | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 2,854.00 | \$_ | | N/A |
| 40 | Cala | whate monthly income. Add For 7 v For 0 | 40 6 | | 0.054.00 | | | 0.054.00 |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | | 2,854.00 + \$ | | N/A = \$ | 2,854.00 |
| | | | | | | | | |
| 11. | | e all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your | | dents. | vour roommate | s and | | |
| | | r friends or relatives. | | , | , | -, | | |
| | _ | not include any amounts already included in lines 2-10 or amounts that are not | availab | le to p | ay expenses lis | ted in S | | 2.22 |
| | Spec | City. | | | | — | 11. +\$ _ | 0.00 |
| 12. | Add | the amount in the last column of line 10 to the amount in line 11. The res | sult is th | ne com | bined monthly | income. | | |
| | Write | e that amount on the Summary of Schedules and Statistical Summary of Certa | | | | | 12. \$ | 2,854.00 |
| | appli | les | | | | | 12. J | 2,034.00 |
| | | | | | | | | bined |
| 13. | Do v | ou expect an increase or decrease within the year after you file this form | ? | | | | mon | thly income |
| | , | No. | | | | | | |
| | | Yes. Explain: Debtor does not anticipate an increase or decrease | ase to | occu | r in his incor | ne with | nin the vear | followina |
| | | the filing of this document. | | | | | . , | • |

Official Form 106l Schedule I: Your Income page 2

| Fill | in this information to identify your case: | | | | |
|------|--|-----------------------|------------|---|---|
| Deb | etor 1 Elmer R. Marchbanks, Jr. | | Che | ck if this is: | |
| | otor 2 puse, if filing) | | | An amended filing A supplement show 13 expenses as of | ving postpetition chapter the following date: |
| ` ' | ted States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO | | - | MM / DD / YYYY | |
| | | | | IVIIVI / DD / TTTT | |
| | e number 3:18-bk-33595 nown) | | | | |
| | fficial Form 106J | | | | |
| | chedule J: Your Expenses | | | | 12/15 |
| info | as complete and accurate as possible. If two married people are ormation. If more space is needed, attach another sheet to this f mber (if known). Answer every question. | | | | |
| Par | | | | | |
| 1. | Is this a joint case? | | | | |
| | ■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household? | | | | |
| | □ No | | | | |
| | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses | for Separate Househ | old of Deb | tor 2. | |
| 2. | Do you have dependents? ■ No | | | | |
| | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent | Dependent's relatio | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | □ No |
| | dependents names. | | | | ☐ Yes |
| | | | | | □ No □ Yes |
| | | | | | □ No |
| | | | | | ☐ Yes |
| | | | | | □ No |
| 3. | Do your expenses include ■ No | | | | ☐ Yes |
| | expenses of people other than yourself and your dependents? | | | | |
| Est | Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless yourness as of a date after the bankruptcy is filed. If this is a suppliblicable date. | | | | |
| the | lude expenses paid for with non-cash government assistance if value of such assistance and have included it on <i>Schedule I: Ye</i> ficial Form 106I.) | | | Your expe | enses |
| 4. | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot. | nclude first mortgage | 4. \$ | S | 700.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. \$ | 5 | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | | 39.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. \$ | | 50.00 |
| 5 | 4d. Homeowner's association or condominium dues Additional mortgage payments for your residence, such as hor | mo oquity loons | 4d. \$ | | 0.00 |

| Deb | tor 1 Elmer R. Marchbanks, Jr. | Case num | ber (if known) | 3:18-bk-33595 |
|-----|---|----------|----------------|---------------|
| 6. | Utilities: | | | |
| ٠. | 6a. Electricity, heat, natural gas | 6a. | \$ | 0.00 |
| | 6b. Water, sewer, garbage collection | 6b. | \$ | 0.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 300.00 |
| | 6d. Other. Specify: | 6d. | \$ | 0.00 |
| 7. | Food and housekeeping supplies | 7. | \$ | 650.00 |
| 8. | Childcare and children's education costs | 8. | \$ | 0.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$ | 100.00 |
| 10. | Personal care products and services | 10. | \$ | 150.00 |
| 11. | Medical and dental expenses | 11. | \$ | 200.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. | 12. | ¢ | 330.00 |
| 13 | Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 135.00 |
| | Charitable contributions and religious donations | 14. | · - | 200.00 |
| | Insurance. | 14. | Ψ | 200.00 |
| 10. | Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | \$ | 0.00 |
| | 15b. Health insurance | 15b. | \$ | 0.00 |
| | 15c. Vehicle insurance | 15c. | \$ | 0.00 |
| | 15d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | | |
| | Specify: | 16. | \$ | 0.00 |
| 17. | Installment or lease payments: | | | |
| | 17a. Car payments for Vehicle 1 | 17a. | | 0.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | | 0.00 |
| | 17c. Other. Specify: | 17c. | · - | 0.00 |
| | 17d. Other. Specify: | 17d. | \$ | 0.00 |
| 18. | Your payments of alimony, maintenance, and support that you did not report as | | \$ | 0.00 |
| 19 | deducted from your pay on line 5, Schedule I, Your Income (Official Form 106l). Other payments you make to support others who do not live with you. | 10. | \$ | 0.00 |
| 10. | Specify: | 19. | Ψ | 0.00 |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Scho | | our Income. | |
| | 20a. Mortgages on other property | 20a. | | 0.00 |
| | 20b. Real estate taxes | 20b. | \$ | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| 21. | Other: Specify: | 21. | +\$ | 0.00 |
| 22 | Coloulate your monthly evenence | | | |
| 22. | Calculate your monthly expenses 22a. Add lines 4 through 21. | | • | 2.854.00 |
| | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | 2,854.00 |
| | | | ^Ψ | |
| | 22c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 2,854.00 |
| 23. | Calculate your monthly net income. | | | |
| | 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | | 2,854.00 |
| | 23b. Copy your monthly expenses from line 22c above. | 23b. | -\$ | 2,854.00 |
| | 23c. Subtract your monthly expenses from your monthly income. | | | |
| | The result is your <i>monthly net income</i> . | 23c. | \$ | 0.00 |
| | y | | - | |

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ Yes.

Explain here: Debtor does not anticipate an increase or decrease to occur in his expenditures within the year following the filing of this document.